Bureau of Health Care Quality and Compliance

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STA			
BNP HOM	E CARE			CINNATI AVE S, NV 89104			
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H 000	Initial Comments		H 000				
	This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility from 12/23/10 through 1/21/11. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two (2). Two (2) resident files were reviewed and four (4) employee files were reviewed. The following regulatory deficiencies were identified:						
H 017	Director Duties-Protective Supervision NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home: (b) Receive: (3) Protective supervision and adequate services to maintain and enhance their physical, mental and emotional well-being.		H 017				
	This Regulation is not met as evidenced by: Based on record review, observation and interview on 122/23/10, the director failed to ensure that 2 of 2 residents received protective supervision and adequate services to maintain						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUF COMPLET		
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H 017	Continued From page 1			H 017				
	and enhance their physical, mental and emotional well-being (Resident #1 and #2 were left alone with Employee #1 who is an unqualified caregiver).							
H 018	Director Duties-BLC&DAS Phone Numbers			H 018				
	NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home: (b) Receive: (4) The names of, and the telephone numbers for the registration of complaints with the bureau and the aging services division of the department of human resources.							
	This Regulation is not met as evidenced by: Based on observation, interview and record review on 12/23/10, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of Health Care Quality and Compliance and the Division for Aging Services were made available to 2 of 2 residents (Resident #1 and #2).		ıre					
H 019	9 Director Duties-No FA/CPR			H 019				
	NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present.							

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H 019	Continued From page 2			H 019					
Н 033	Based on record revir 12/23/10, the director caregivers had receiv cardiopulmonary resu (Employee #1 and #2 Safety&Sanitation-Fir	uscitation (CPR) and fire 2 is missing CPR/FA). The straight of the straight	on of 4 st aid	H 033					
H 043	This Regulation is not met as evidenced by: Based on observation and interview on 12/23/10 the facility did not have a CPR mask and a thermometer in their first aid kit. Records of Residents-Address Family&Physicia NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. Each file must include: (b) The address and telephone number of the resident's physician and a person who is responsible for the resident.		3/10, sician or of ch	H 043					

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	This Regulation is not met as evidenced by: Based on record review on 12/23/10, 1 of 2 resident files did not contain the address of the resident 's physician and a person who is responsible for the resident (Resident # 2).								
H 050	050 Tuberculosis-Employees			H 050					
	NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have								

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H 050	Continued From page 5			H 050					
	employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) This Regulation is not met as evidenced by: Based on record review on 12/23/10, the facility failed to ensure that 3 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1 and #2 - missing two-step TB skin test and physical, and Employee #3 - missing chest x-ray and medical evaluation for active TB).								
			cility lied TB) step -						
H 055	NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.			H 055					
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determines that appropriate for documents that exposure and of examination muguidelines as as (h) of subsection 3. A person with positive tuberout from skin testing radiographs, but shall ensure that annually for the symptoms of tu 4. If the staff of that a person has weeks and that symptoms descend subsection 2, the facility or home respiratory isolar guidelines of the Prevention as as (h) of subsection health care provider do not have active 5. If a test or even has suspected the facility or how admitted, shall the facility or how health care provider do not have active 5. If a test or even has suspected the facility or how admitted, shall the facility or how he had the person must be person must be supported to the person	other licensed physician at the risk of exposure is a lesser frequency of testing at determination. The risk of corresponding frequency of ust be determined by following dopted by reference in paragon 1 of NAC 441A.200. In a documented history of a allosis screening test is exeming and routine annual chest at the staff of the facility or hose at the person is evaluated at a presence or absence of berculosis. It he facility or home determination has one or more of the observation in paragraph (a) of the person may be admitted the if the staff keeps the person at in 1 of NAC 441A.200 until a wider determines whether the ve tuberculosis. If the staff is a person in respiratory isolation admit the person until a heetermines that the person documents and the determines that the person documents and the person until a heetermines that the person documents and the person documents and the person documents and the person until a heetermines that the person documents and the person documents and the person documents and the person until a heetermines that the person documents and the person documents and the person documents and the person documents are presented by the person until a heetermines that the person documents are presented by the person documents and person documents and person until a heetermines that the person documents are presented by the person documents and pers	and ing the graph pt ome least nes in 3 ther of the in of and graph es not fon, ealth hes in of on to en in in in me he would an in in in me he would an in in in me he would an in	1 055			

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8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)	H 055	does not have active although the person in longer infectious. Anot certify that a person of infectious unless to obtained not less than sputum AFIB smears separate days. 6. If a test indicates the or will be admitted to tuberculosis, the staff ensure that the person accordance with the Centers for Disease of the counseling of, and person having active recommendations are of the Centers for Dis Prevention as adopte (g) of subsection 1 of 7. The staff of the fact that counseling and poffered to each person tuberculosis screening the guidelines of the Cand Prevention as ad paragraph (h) of subs 8. The staff of the fact that any action carried and the results thereof person 's medical reconditions and the counseling and poffered to each person to subsect the staff of the fact that any action carried and the results thereof person 's medical reconditions are conditionally the staff of the fact that any action carried and the results thereof person 's medical reconditions are conditionally the staff of the fact that any action carried and the results thereof person 's medical reconditions are conditionally the staff of the fact that any action carried and the results thereof person 's medical reconditions are conditionally the staff of the fact that any action carried and the results thereof person 's medical reconditions are conditionally the staff of the fact that any action carried and the results thereof person 's medical reconditions are conditions are conditions.	tuberculosis or certifies has active tuberculosis, A health care provider son with active tuberculosithe health care provide in three consecutive negwhich were collected on the facility or home has a facility or home has a fof the facility or home in is treated for the dise erecommendations of Control and Prevention of effective treatment for tuberculosis. The exist forth in the guidelinese Control and Mac 441A.200. All the facility or home shall ensure the with a positive great in accordance	s that, he is shall posis is or has gative on een active shall ease the for r, a nes graph ire e ith ontrol 200. ire ection ne	H 055			

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Based on record review on 12/23/10, the facility failed to ensure 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #2 - missing a two-step TB skin test and missing an annual one-step TB skin test).					
5 Employee Background Check Requirements			H 065		
NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall: (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188. (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada					
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Employee Background Check Requirements NRS 449.179 Initial and periodic investigation criminal history of employee or independent contractor of certain agency, facility or home 1. Except as otherwise provided in subsection within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the perso licensed to operate, an agency to provide personal care services in the home, an ager provide nursing in the home, a facility for intermediate care, a facility for skilled nursin residential facility for groups or a home for individual residential care shall: (a) Obtain a written statement from the empor independent contractor stating whether his he has been convicted of any crime listed in NRS 449.188. 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The administrator of, or the person license	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 Based on record review on 12/23/10, the facility failed to ensure 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #2 - missing a two-step TB skin test and missing an annual one-step TB skin test and missing an annual one-step TB skin test). Employee Background Check Requirements NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home. 1. 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CITY, STATE, ZIP CODE 4755 E CINCINNATI AVE SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF DEPICIENCIES GEORY DEPOCHAGEN OF MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 9 Based on record review on 12/23/10, the facility failed to ensure 1 of 2 residents compiled with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #2 - missing a two-step TB skin test and missing an annual one-step TB skin test and missing an annual one-step TB skin test and missing an annual one-step TB skin test and contract with an independent contractor of certain agency, facility or home. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for individual residential care shall: (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188. (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Ottain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person licensed to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		NVS4453HIC		B. WING			1/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE		
BNP HOM	E CARE		4755 E CINCI LAS VEGAS,				
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
H 065	care, a facility for skill facility for groups or a residential care is not information described employee or independ provides proof that an criminal history has be Central Repository for Criminal History within 6 months and the investinat the employee or ibeen convicted of any 449.188. 3. The administrator of operate, an agency to services in the home, a care, a facility for skill facility for groups or a residential care shall chistory of each employee contractor who works investigated at least of administrator or personal facility for groups or a residential care shall chistory of each employee contractor who works investigated at least of administrator or personal facility for groups or a residential care shall chistory of each employee or facility the fingerprints of the contractor on file, obtain written autit employee or independent of the fingerprints on file paragraph (a) to the Contractor of Contractor of Contractor of Contractor of Contractor of Contractor of Contractor on file paragraph (a) to the Contractor of Contractor of Contractor of Contractor of Contractor on Contractor	an agency to provide a facility for intermediated nursing, a residential home for individual required to obtain the in subsection 1 from a dent contractor who investigation of his or een conducted by the render Nevada Records of in the immediately precessingation did not indicated independent contractor or crime set forth in NRS of, or the person license in provide personal care an agency to provide a facility for intermediated nursing, a residential home for individual ensure that the criminal yee or independent at the agency or facility on home does not have every 5 years. The on shall: ity or home does not have employee or independent contractor norization from the dent contractor to forward or obtained pursuant to central Repository for ideral Bureau of Investigations to the Central	n her eding ate had Sed to see all ly is early ent ent ints arr; and o	H 065			

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		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		NVS4453HIC		B. WING		01/	21/2011
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
BNP HOM	E CARE			CINNATI AVE S, NV 89104			
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H 065	to this section, the Ce Records of Criminal I- whether the employed has been convicted of 449.188 and immedia Division and the admi licensed to operate, that at which the person woor independent contrasuch a crime. 5. The Central Repost Criminal History may agency, a facility or a fingerprints pursuant reasonable cost of the facility or home may roor independent contrasof the fee imposed by the agency, facility or	gerprints submitted pure entral Repository for Ne distory shall determine e or independent contral f a crime listed in NRS ately inform the Health inistrator of, or the person he agency, facility or he works whether the emplo- actor has been convicted itory for Nevada Recor- impose a fee upon an home that submits to this section for the e investigation. The agreeover from the emplo- actor not more than one of the Central Repository home requires the dent contractor to pay to posed by the Central ow the employee or or to pay the amount	evada actor son ome oyee ed of rds of ency, yee e-half y. If	H 065			
	Based on record revieus failed to ensure 4 of 4 background check records.	1, #2, #3, and #4 - mis	ility with				

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NVS4453HIC		NV\$4453HIC	A. BUILDING B. WING			C 01/21/2011	
			STREET ADDI	I RESS, CITY, STA	ATE ZIP CODE	01/2	.1/2011
PND HOME CARE				55 E CINCINNATI AVE S VEGAS, NV 89104			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	ERENCED TO THE APPROPRIATE DATE	
H 065	Continued From page 12			H 065			
	Continued From page 12 Employee #1, #2 and #3 - missing copies of fingerprints and Employee #1 and #2 - missing a signed criminal history statement).						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.